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the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>170</u>	
County of <u>DeLa</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	City of _____	Co. Registrar's No. <u>627</u>	
(No. _____ St. _____ Ward)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Clara De La Paz</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	<u>Twin</u> or other	and	Number in order of birth <u>6</u>
Date of Birth <u>Oct. 23</u> 19 <u>20</u>		Legitimate? <u>yes</u>	
Month Day Yr.			
FATHER		MOTHER	
Full Name <u>Susana De La Paz</u>		Full Maiden Name <u>Lorenza Brantez</u>	
Residence <u>Miami, Arizona</u>		Residence <u>Miami - Arizona</u>	
Color or Race <u>Mex</u>	Age at last Birthday <u>32</u> Years	Color or Race <u>Mex</u>	Age at last Birthday <u>27</u> Years
Birthplace <u>Jalisco - Mexico</u>		Birthplace <u>Sonora - Mexico</u>	
Occupation <u>Laborer</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>6</u>		Number of Children, of this mother, now living <u>6</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Oct. 23</u> 19 <u>20</u> at <u>7 A.M.</u>			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>Cyril M. Crow M.D.</u>	
Given or Christian name added from a		Address <u>Miami, Ariz.</u>	
supplemental report _____ 191__		LOCAL REGISTRAR.	
<u>349-1023-389</u>		COUNTY REGISTRAR.	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	

Filed 10/30/20 1920Filed 11-5 1920

A True Copy

LOCAL REGISTRAR.

COUNTY REGISTRAR.